

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90074 011 ****50.00

DOCUMENT # L02000020263

1. Entity Name

ADVANCED THERAPEUTIC SPECIALISTS, L.L.C.



Principal Place of Business

5130 LINTON BLVD.
SUITE G-2
DELRAY BEACH FL 33484

Mailing Address

6461 PARK LAKE CIRCLES
BOYNTON BEACH FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0791146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERN, KEITH D ESQ.
50 S.E. 4TH AVENUE
DELRAY BEACH FL

← This is just the
ATTORNEY who set
up the LLC

7. Name and Address of New Registered Agent

Name

Michael Calandrillo

← me
(owner)

Street Address (P.O. Box Number is Not Acceptable)

5130 LINTON Blvd. Suite G-2/3

City

DELRAY BEACH

FL

Zip Code

33484

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Calandrillo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/20/05

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
CALANDRILLO, MICHAEL P
6461 PARK LAKE CIRCLE
BOYNTON BEACH FL 33437

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael Calandrillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/20/05 (561) 859-3030

Date

Daytime Phone #